

POSITION	INITIALS /	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>8/25/02</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>19</i>	<i>8/13/02</i>
FORMALITY REVIEW	<i>RT</i>	<i>515</i>	<i>10-19-00</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>1091</i>	<i>04/17/01</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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